SafeCare

Program description:
Formerly known as Project 12-Ways, SafeCare (http://publichealth.gsu.edu/968.html) is a manualized parent-training curriculum for parents who are at-risk or have been reported for child maltreatment. Trained professionals work with at-risk families in their home environments to improve parents' skills in several domains, such as planning and implementing activities with their children, responding appropriately to child behaviors, improving home safety, and addressing health and safety issues. SafeCare is generally provided in weekly home visits lasting from 1-2 hours. The program typically lasts 18-20 weeks for each family.

Typical age of primary program participant: 5

Typical age of secondary program participant: N/A

Meta-Analysis of Program Effects

Outcomes Measured	Primary or Secondary Participant	No. of Effect Sizes	Unadjusted Effect Sizes (Random Effects Model)			Adjusted Effect Sizes and Standard Errors Used in the Benefit-Cost Analysis					
						First time ES is estimated			Second time ES is estimated		
			ES	SE	p-value	ES	SE	Age	ES	SE	Age
Child abuse and neglect	P	1	-0.11	0.06	0.05	-0.09	0.06	7	-0.09	0.06	17

Benefit-Cost Summary

The estimates shown are present value, life cycle benefits and costs. All dollars are expressed in the base year chosen for this analysis (2011). The economic discount rates and other relevant parameters are described in Technical Appendix 2.	Program Benefits					Costs	Summary Statistics			
	Participants	Taxpayers	Other	Other Indirect	Total Benefits		Benefit to Cost Ratio	Return on Investment	Benefits Minus Costs	Probability of a positive net present value
	$890	$278	$191	$141	$1,501	-$102	$14.65	n/e	$1,399	100%

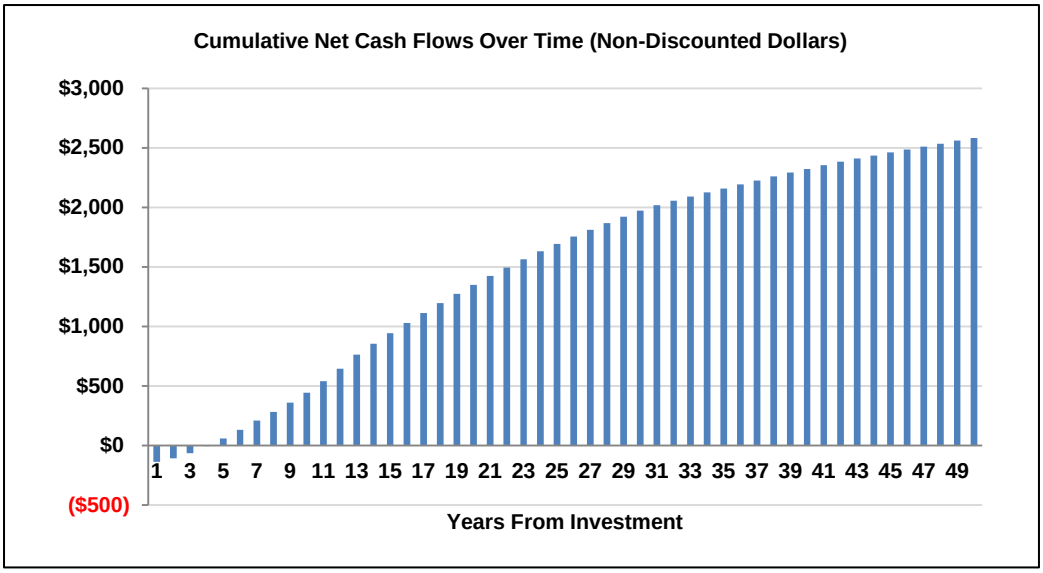
Detailed Monetary Benefit Estimates

Source of Benefits	Benefits to: Participants	Taxpayers	Other	Other In-direct	Total Benefits
Crime	$0	$74	$195	$37	$306
Earnings via high school graduation	$83	$31	$0	$16	$129
Earnings via test scores	$47	$17	$0	$9	$72
Child abuse and neglect	$751	$109	$0	$56	$915
K-12 special education	$0	$23	$0	$11	$34
Earnings via alcohol disorder	$5	$2	$0	$1	$8
Health care costs for alcohol disorder	$0	$1	$0	$0	$1
Earnings via illicit drug disorder	$1	$0	$0	$0	$1
Health care costs for illicit drug disorder	$0	$1	$1	$1	$3
Property loss from illicit drug disorder	$0	$0	$0	$0	$1
Earnings via depressive disorder	$4	$2	$0	$1	$6
Health care costs via depressive disorder	$2	$5	$5	$3	$15
Health care costs via education	-$2	$14	-$11	$7	$9

Detailed Cost Estimates

The figures shown are estimates of the costs to implement programs in Washington. The comparison group costs reflect either no treatment or treatment as usual, depending on how effect sizes were calculated in the meta-analysis. The uncertainty range is used in Monte Carlo risk analysis, described in Technical Appendix 2.	Program Costs			Comparison Costs			Summary Statistics	
	Annual Cost	Program Duration	Year Dollars	Annual Cost	Program Duration	Year Dollars	Present Value of Net Program Costs (in 2011 dollars)	Uncertainty (+ or – %)
	$1,950	1	2010	$1,850	0	2010	$102	25%

Source: Costs for SafeCare provided by Washington Department of Social and Health Services, March 2012. Based on costs for eighteen home visits per family, including supervision, coaching, and travel time, plus a $60 per-family cost for concrete services. In the evaluation of SafeCare described here, the results achieved by the intervention were achieved against a comparison group who received an equal number of home visits. However, the comparison group did not receive the manualized SafeCare curriculum, SafeCare health kits and handouts, or fidelity monitoring for the home visitors. Costs for the comparison group were computed by estimating a cost of $100 for each family for these three components and subtracting that from the SafeCare cost.



Multiplicative Adjustments Applied to the Meta-Analysis

Type of Adjustment	Multiplier
1- Less well-implemented comparison group or observational study, with some covariates.	0.5
2- Well-implemented comparison group design, often with many statistical controls.	0.5
3- Well-done observational study with many statistical controls (e.g., IV, regression discontinuity).	0.81
4- Random assignment, with some RA implementation issues.	0.81
5- Well-done random assignment study.	1.00
Program developer = researcher	0.25
Unusual (not “real world”) setting	0.5
Weak measurement used	0.54

The adjustment factors for these studies are based on a multivariate regression analysis of 106 effect sizes from evaluations of home visiting programs within child welfare or at-risk populations. The analysis examined the relative magnitude of effect sizes for studies rated a 1, 2, 3, or 4 research design quality, in comparison with a 5 (see Technical Appendix II for a description of these ratings). We weighted the model using the random effects inverse variance weights for each effect size. The results indicated that research designs 1 and 2 have effect sizes about twice the size of studies rated as a 5, and research designs 3 and 4 have effect sizes about 24 percent higher than a 5.

The analysis also found that effect sizes were statistically significantly higher when the program developer was involved in the research evaluation, or when a weak outcome measure was used.

Studies Used in the Meta-Analysis

Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., & Beasley, W. H. (2012). A statewide trial of the safecare home-based services model with parents in child protective services. *Pediatrics*, 129, 3, 509-515.